

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

10/566101

FILING DATE

1-27-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS	↓	↓	↓	↓	↓	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		↓	↓	↓	
TOTAL DEP.	73	↔	↔	↔	↔	
TOTAL CLAIMS	75	↓	↓	↓	↓	

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